IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| IN THE MATTER OF: |) Chapter 13 | |
|-------------------|----------------|--------|
| |) | |
| KENNETH FULTZ, |) Case No.: 16 | -28034 |
| |) | |
| Debtor. |) Hon. Judge T | Chorne |

NOTICE OF MOTION

To the following persons or entities who have been served via electronic mail: U.S. Bankruptcy Trustee: USTPRegion11.ES.ECF@usdoj.gov Marilyn O. Marshall, Chapter 13 Trustee: thocall@chi13.com

To the following persons or entities who have been served via U.S. Mail: See attached list.

Please take notice that I shall appear before the following named Bankruptcy Judge, or any other Judge presiding in his stead at 219 S. Dearborn Street, Chicago, IL 60604, and in the following courtroom (or any other place posted), and present the attached **Motion to Modify Chapter 13 Plan**, at which time and place you may appear.

JUDGE:

THORNE

ROOM:

613

DATE:

July 11, 2018

TIME:

10:00 AM

PROOF OF SERVICE

A copy of this Notice of Motion and attachments were deposited at the United States Post Office, Wheeling, Illinois, 60090, with sufficient postage prepaid, by Michael R. Colter, II, or served electronically by the bankruptcy court, under oath and under all penalties of perjury.

DATE OF SERVICE: June 11, 2018

/s/ Michael R. Colter, II

Michael R. Colter, II, A.R.D.C. #6304675

Attorney for the Debtor(s)
DAVID M. SIEGEL & ASSOCIATES
790 Chaddick Drive
Wheeling, IL 60090
847/520-8100

To the following persons or entities who have been served via U.S. Mail:

Kenneth V. Fultz 12635 S. Lincoln St., Apt. 3 Calumet Park, IL 60827

American Honda Finance P.O. Box 168088 Irving, TX 75016

Cavalry SPV I LLC P.O. Box 27288 Tempe, AZ 85282

Education Credit Mgmt Corp Lockbox 8682 P.O. Box 16478 St. Paul, MN 55116

Illinois Student Assistance Comm. P.O. Box 235 Deerfield, IL 60015

Jefferson Capital Systems, LLC P.O. Box 772813 Chicago, IL 60677

Portfolio Recover Associates P.O. Box 12914 Norfolk, VA 23541

Quantum3 Group P.O. Box 788 Kirkland, WA 98083

Resurgent Capital Services P.O. Box 10587 Greenville, SC 29603

U.S. Dept. of Ed. P.O. Box 105193 Atlanta, GA 30348 8) Debtor requests these modifications to modify the confirmed plan to update the tax refund language and defer the current default so that he may continue to repay his creditors.

WHEREFORE, the Debtor, KENNETH FULTZ, prays that this Honorable Court enter an Order to Modify the Chapter 13 Plan, and for other such relief as the Court deems fair and proper.

Respectfully Submitted,

/s/ Michael R. Colter, II
Michael R. Colter, II, A.R.D.C. #6304675
Attorney for the Debtor

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EXHIBIT A

| Your first name an | d initial | 016, or other tax year beginning | | | | , ending | | | 7 | See se | Do not write or stepk parate instructions | S |
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| ee instructions. | 13 14 | | JULIO | HIIP IJK O | | | | | | | <u></u> | 691. |
| | 15a | Other gains or (losses). Atta IRA distributions | VU TUE | 1/1 4/9/ | | | | | · | 14 | | |
| | 16a | Pensions and annuities | 1440 | | | b Taxa | ble amount | | | 15b | | |
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| | 19 | | | | | • • • • | • • • • • | | | 18 | | |
| | 20a | | | | i | h Tayob | de e | | · • • | 19 | 1, | 256. |
| | 21 | Other income. List type and | mount | | | | ie amount | | | 20b | | |
| | 22 23 | Combine the amounts in the Educator expenses | f <u>ar righ</u> | t calumn : | for lines 7 throug | h 21. Th | is is your t | otal inc | ome b | 21 | 4 14 . | |
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| | 29 | - Semi-employed nearth insurance | a dedu | rction . | | | · | | | | | |
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| | 32 | Para a recipients | 55N P | L | | 1 | | | | | | • |
| | 33 | | | | | 32 | | | | | | |
| | 34 | Student loan interest deduction Tuition and fees. Attach Form | 1 8017 | | | 33 | | | 0 | | | |
| | 35 | Domestic production activities | dadusi | ion Attack | L F | | | | - | | | |
| | | · presentent entirement | | | | | | _ | | er. P Cod SALLE | | |
| | 36 37 | Domestic production activities Add lines 23 through 35 Subtract line 36 from line 22. T | | | | | | | | | | |

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| Form 1040 (2 | 018) T a | ENNETH V FULTZ EXHIBIT A | _ | |
|-----------------------------------|------------------------|--|-------------------------------|---------------------------------------|
| Tax and | 38 | | | Page 2 |
| Credits | 39a | Amount from line 37 (adjusted gross income) | 38 | 17,23 |
| Credits | 950 | Slind 1 | | 6 |
| | ¬ ь | " Cill Spouse was born before January 2, 1952. [Blind shooted b. 30-] | | |
| Standard | `_ 40 | If your spouse itemizes on a separate return or you were a dust-status alien, check here 395 | | |
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| who can be claimed as a | 44 | (occ mandonoris), Orieck if any from: a) Form/s) 8814 b Form 4070 | | 6,88 |
| dependent, " | 45 | Attach Form 6264 | | 688 |
| Instructions. | 46 | | | |
| ◆All others: Single or | 47 | 2 mg mg 44, 40, and 40 | | |
| Married filing | 48 | and the product with the production of the produ | ▶ 47 | €88 |
| separately, \$6,300 | 49 | Sievit to critic and dependent care excenses. Attach Form 2444 | | |
| Married filing | 50 | EQUICATION CREATES from Form 9969 tion 40 | | |
| jointly or Qualifying | 61 | TVERSHIED SAVIDOS COOMBUNIONS credit AB C AB | | W 160 |
| widow(er), \$12,600 | 52 | United tax credit. Attach Schoolule 9949, teaching | | . · • |
| Head of | 53 | Residential energy credits. Attach Form 5695 53 | _ | |
| household, \$9,300 | 54 | Other credits from Form: a 3800 b 8801 c | | |
| | 55 | Other credits from Form: a 3800 b 8801 c 54 Add lines 48 through 54. These are your total credits Subtract line 55 from line 47 to the contract of the contract line 55 from line 47 to the contract line 55 from line 48 to the contract line 55 from line 47 to the contract line 55 from line 5 | | |
| | 56 | Subtract line 55 from line 47. If line 55 in more than 15. | . 55 | C |
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| Other | 58 | Unreported assistance and a second se | . 57 | |
| axes | 59 | | | |
| GVCO | 60a | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | . 59 | |
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| | 68 | The state of the case of the c | | |
| | 69 | Vinerican opportunity credit from Form 8863, line 8 68 | | |
| | / | ref premium tax credit. Attach Form 8962 | | |
| | | arrount perd with request for extension to file | | |
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| signee | Design name | Phone Tanya C Foucher, CPA no. 773-562-0545 Personal identify | omplete be | elow. No |
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EXHIBIT B

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| Income | 7 | Wages, salaries, tips, | etc. Attach | Form(s) W | 1-2 | | | | | | | T |
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| vas withheid. | 11 | Taxable refunds, cred Alimony received | iits, or onset | a oi state a | na local income | taxes , , . | | | | | | _ |
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| ee instructions. | 15a | IRA distributions | | 15a | | 3 b Ta | cable an | mount. | . 15b | | | |
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| | 18 | Rental real estate, roy | allies, partno Attach Sok | Briships, S (| corporations, tru | oto oto Auri | L C-L | J. 4 W | 17 | | | \vdash |
| | 19 | Farm Income or (loss) Unemployment compa | nsation | reduier. | • • • • • • | , | | | _18 | | | |
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| | 21 | Other income. List typ | e and amou | nt · | | | | | | | | |
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| | 26 | Moving expenses. Att | ach Form 39 | 03 | 111 0008. , , | | 25 | | | | - 1 | 1 |
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| | 37 | National Control of the Control of t | | | | | | | 36 | | | |

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EXHIBIT B

| | 017) | KENNETH V | E GJ5TZ | | | | | | حضيه | _ |
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| | 38 | Amount from line 37 (adju- | eted gross income). | | | | | | 7.2 | |
| Tax and | 398 | Check f You were b | om before January ? | 2 1963 | Blind. | · · · | | ' ' ' | 38 | 28,29 |
| Credits | | | | | = | } Total ! | | i i | | |
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| Standard | <u>_</u> _ <u>k</u> | If your spouse itemizes on | a separate return or | you were a dua | l-status alien. | check her | | 39b | | |
| Deduction | 40 | Itemized deductions (fro | m Schedule A) or w | ur otandard da | | onear 1101 | | 220 | | 8 |
| for- | 41 | Itemized deductions (fro | an concutie A) or yo | on standard de | anchòu (see i | left margir | 1) | | 40 | 6,35 |
| · People Wha | 1 | Subtract line 40 from line 3 | 10 | | | | | | 41 | 21,94 |
| check any | 42 | evenilations to the 20 is 1 if | OVIBUU OF IBSS, MURIDAY | / \$4.050 by the nu | imber on line 6a | 1 ∩fhanuic | a can inch | testions | 42 | 4,05 |
| box on line 39e or 39b or | 43 | systole ilicomé, 200030 | x line 42 from line 41 | 1. If line 42 is mo | ore than line 4 | li enter- | n. | aano, jo | | |
| who can be | 44 | Tax (see instructions). Check if | any from; a | Form(s) 8814 b | Form 4070 | | w , , , | | 48 | 17,89 |
| Claimed es a | 45 | Alternative minimum tax | (See instructions) | Attach Com And | 1.0141 4\$1.5 | ᇦᆜ | | | 44 | 2,21 |
| dependent, | 46 | Excess adverse promium | tov sendit reversional, j | Muach Form 625 | | | | | 45 | |
| sec Natructions, | 47 | Excess advance premium (| iak credit repayment. | . Attach Form 89 | 162, , , | 1 4 4 | | | 46 | |
| All others: | 1 . | Add lines 44, 45, and 48. | • • • • • • • • | | | . <u></u> . | | 🕨 | 47 | 2,215 |
| lingle or | 48 | 41911 1201 4015 LICOTON I | viiii i i to k tedalifed | | | 48 | | | | |
| farried filling | 49 | Credit for child and depend | lent caro expenses. A | Attach Form 244 | 4 | 49 | | | | |
| eparalely, | 50 | Education credits from Form | л 8863. line 19 | | | | | | | |
| 6,350 Aarried filing | 51 | Retirement savings contribu | utions crodit Attach i | | , | 50 | . | | | CHARLE CONT |
| intly or | 52 | Child tay credit Attach Sah | adono orcon. Anggri i | - rorm 8860 | | 51 | | | | |
| lualifying | 53 | Child tax credit, Attach Scho | Burlo 8012, il rodnite | ed | | _52 | | | | |
| ridow(er), 12,700 | | Residential energy credit. A | ttach Form 5695 | | | 53 | | | | |
| 889 O. | 54 | Other credits from Form: a | | 801 c | | | | | | |
| ousehold, | 55 | | | ~~, _с ∟ _ | | 54 | | | | |
| ,350 | 56 | Add lines 48 through 54, 71 Subtract line 55 from line 47 | nese are your total | credits, , | | | | | 55 | ******* |
| · · · · · · · · · · · · · · · · · · · | | | A TO THE OWNER OF THE PERSON O | 1411 W/14 47, 8M(8) | г-0 | | | | 56 | 0.01. |
| ther | 57 | DON CHIPPOYINGILL LOX. MISC. | 1 Schodulo SE | _ | | | | | - | 2,215 |
| axes | 58 | Unreported social security a | Ind Medicare tax from | | 4137 ь | Г | | • • | 57 | |
| ANGO | 59 | Additional tax on IRAs, other | r ruslifled estimate | urom. ar | | 891 | 9. , , . | | 58 | |
| | 60a | Additional tax on IRAs, other | . Administrate (#60) 600 | i pians, etc. Attac | on Form 5329 . | If required | l | | 59 | |
| | | THE PROPERTY OF STREET, STREET | 98 MOM SCABOLIA H | | | | | | 60a | |
| | | | POPOSITION, AMERICA PI | DIM SAUS IF FOAL | lired | | | • | 60b | ······································ |
| | | | | | | | | | | |
| | 62 | Taxes from: a Form 8 | 959 h Form | 9060 | myson coverat | Je | | • • | 61 | 405 |
| | 63 | Add lines 56 through 62. Th | is is your total term | ، السار | nstructions; ent | er code(\$) | | | 62 | |
| yments | 64 | Federal income tay withhold | from C lt/ - | 1 10 2 1 1 1 | <u> </u> | <u> </u> | · · · · | , | 63 | 2,620 |
| • | | Federal income tax withheld | TOTH FORMS VV-Z and | 11099 FORM | .1099 | 64 | 3, | 419 | | <u> </u> |
| | <u></u> | 2017 estimated tax payments | s and amount applied | d from 2016 retu | ım | 65 | | | | |
| you have a | <u> vva</u> | zamen weome cledit (ElC) |) | | | 66a | | - | | |
| alifying | | | uon. i | i er- | į. | | | | | 10 |
| illő, attach Chedule EIC. | 67 | Additional child tax credit. Att | lach Schodulo 8910 | | <u> </u> | | | | | |
| medale EIC, | 68 | American opportunity credit fi | 7000 Form 8000 in | | | 67 | | ! | | i |
| | 69 | Net premium tov and it Au | ioni Foliti coco, Ime | 8 | | 68 | | | 200 | |
| | 70 / | Net premium tax credit. Attac | in Form 8962 | | | 69 | | | | |
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| | 72 (| | | , , | | 71 | | 1 1 | To see the second | i i |
| | 12 (| Credit for federal tax on fuels | Attach Form 4136 | | | | | | | |
| | | Negricion legelal tax OU thele | . Attach Form 4136 | – | -i ' · · · | 72 | | | | |
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